

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

Kashon Squire

Plaintiff,

[Insert full name of plaintiff/prisoner]

-against-

Suffolk County  
Linda hope  
Shaguqisur Brooks  
1st present  
6th present  
Cps Erica Daffney  
Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ SEP 30 2020 ★

LONG ISLAND OFFICE

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

**CV-20 4659**

JURY DEMAND

YES \_\_\_\_\_ NO \_\_\_\_\_

SEYBERT, J.

TISCIONE, M.J.

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- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff \_\_\_\_\_

If you are incarcerated, provide the name of the facility and address:

110 Center drive River head NY

Prisoner ID Number: 640783

If you are not incarcerated, provide your current address:

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Telephone Number: 

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**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

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Full Name

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Job Title

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Address

Defendant No. 2

---

Full Name

---

Job Title

---

Address

Defendant No. 3

---

Full Name

---

Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

## II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary )

Where did the events giving rise to your claim(s) occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When did the events happen? (include approximate time and date) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Facts: (what happened?) I Was Sined Coustody  
of My kids From greensbro NC CPS.  
I Came back to Ny With My  
Kids and was liveing in a  
Familey Shelter With My Kids  
and My self. Shaquaisur Brooks  
Wich is my Kids Mother was having  
a - Afear And asked to work it  
out With Me, and I said yes  
We Where at a Shelter together  
and a lady Named Linda hope  
had started a fight With us  
and I Was locked up due to the  
fact that I Was the only Man.  
I then Was Not able to go  
Back to the Shelter there Was  
a Cps case that I didn't No  
What Was going on. Basicly My Kids are  
Kidnaped. AS well I Was under Age At the time

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining of Relationship about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I ended up geting My face  
cut.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
III. **Relief:** State what relief you are seeking if you prevail on your complaint.

Custody of my kids  
10,000 suffering  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that on \_\_\_\_\_, I delivered this  
(date)  
complaint to prison authorities at \_\_\_\_\_ to be mailed to the United  
(name of prison)  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: \_\_\_\_\_

  
Signature of Plaintiff

\_\_\_\_\_  
Name of Prison Facility or Address if not incarcerated  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address  
\_\_\_\_\_

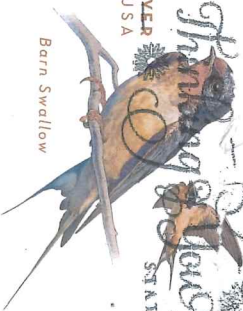
\_\_\_\_\_  
Prisoner ID#

SUFFOLK COUNTY CORRECTIONAL FACILITY  
110 CENTER DRIVE  
RIVERHEAD, NY 11901

NAME: Kashon Spive

MID-ISLAND NY 117  
19 SEP 2020 PM 3

Shirley Jones  
STATION  
USA



Barn Swallow

400 Carleton Avenue  
Central Islip, New York  
11722

11722-450400



Suffolk County District Court  
Attn: Criminal/Traffic Dept.  
400 Carleton Avenue  
P.O. Box 9073  
Central Islip, New York 11722-9073



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